

FEDERAL AVIATION ADMINISTRATION
AVIATION INSURANCE PROGRAM, APO-3
APPLICATION FOR FAA INSURANCE

To participate in FAA insurance, please complete the following forms and provide the following information:

- **A cover letter explaining your need for FAA war risk coverage**
- **A copy of your commercial insurance policy that was in effect on November 25, 2002, including both, All Risk and War Risk insurance coverage**
- **A copy of your air carrier certificate**
- **An aircraft schedule including aircraft type, N-number, serial number, and fleet valuation**

Air Carrier Name

2-Digit code

3-Digit Code (If applicable)

Mailing Address

Carrier Certification: **121 / 135**

Mail Delivery Address (street address)

Company Official Point of Contact

Telephone Number

FAX Number

E-mail

Alternate (second) Point of Contact

Telephone Number

FAX Number

E-mail

Name of Lead Insurer

Address

Contact

Telephone Number

Insurance Broker/Agent

Address

Contact

Telephone Number

Hull Policy Number _____ Coverage dates _____

Liability Policy Number _____ Coverage dates _____

Name of Air Carrier _____

Type of Insurance: **ALL RISK**

	Hull	Liability
Coverage in Force	\$ (per occurrence)	\$ (per occurrence)
Coverage in Force	\$ (average fleet value)	\$ (aggregate)
Annual Premium	\$	\$

Type of Insurance: **WAR RISK**

	Hull	Liability
Coverage in Force	\$ (per occurrence)	\$ (per occurrence)
Coverage in Force	\$ (average fleet value)	\$ (aggregate)
Annual Premium	\$	\$

Send to: FAA INSURANCE PROGRAM
 BUSINESS CONFIDENTIAL
 800 Independence Ave, SW
 Room 939, APO-3
 Washington, DC 20591

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